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**JUN 28 2006**

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**FACSIMILE COVER SHEET**

**TO:** Examiner Bena B. Miller  
U.S. Patent and Trademark Office  
Group Art Unit 3725

**FROM:** Pasquale A. Razzano, Esq.

**RE:** In re Application of: SVEN-OLOV BILLER  
Application No. 10/518,357  
Our File No. 02544.002085

**FAX NO.:** (571) 273-4427 AND (571) 273-8300

**DATE:** June 28, 2006

**NO. OF PAGES:**  
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June 28, 2006

VIA FACSIMILE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313  
Attn: Examiner Bena B. Miller  
Group Art Unit 3725

Re: In re Application of: SVEN-OLOV BILLER  
For: CHIPPER KNIFE  
U.S. Patent Application Serial No. 10/518,357  
Our File No. 02544.002085

Dear Ms. Miller:

Pursuant to our discussion earlier today, I have attached and sent to both fax numbers above:

1. Copy of the Response to Office Action filed May 24, 2006 and attachments for this case; and
2. Copy of the PTO stamped postal return card for same.

I have separately filed a Notice of Appeal.

If you have any questions or would like to discuss this file, please call me at (212) 218-2253.

Very truly yours,

  
Pasquale A. Razzano

PAR/kah  
Enclosures

NY\_MAIN 576071v1

**Box Responses / FEE**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Date 5 24 06  
Mo. Day Yr.Atty. Docket 02846.002.05Application No. 10/518,357

Sir:

Kindly acknowledge receipt of the accompanying:

- ☒ Response to Official Action. 12/29/05
- ☐ Check for \$ \_\_\_\_\_ (claims fee)
- ☒ Petition under 37 CFR 1.136 and Check for \$ 225.00
- ☐ Notice of Appeal and Check for \$ \_\_\_\_\_
- ☐ Information Disclosure Statement, PTO-1449 and \_\_\_\_\_ documents
- ☐ Claim for priority and certified copies of \_\_\_\_\_ priority applications
- ☐ Issue fee transmittal and Check for \$ \_\_\_\_\_
- ☒ Other (specify) Amendment Transmittal

by placing your receiving date stamp hereon and mailing or returning to deliverer.

Atty. PAR/LPDue Date 5 29 06  
Mo. Day Yr.37 CFR 1.8 ☐37 CFR 1.10 ☐By Hand ☒

F055-B-00

JUN 28 2006

In re Application of:

Docket No. 02544.002085

SVEN-OLOV BILLER

Application No.: 10/518,357

Examiner: Bena B. Miller

Filed: March 7, 2005

Group Art Unit: 3725

For: CHIPPER KNIFE

Date: May 23, 2006

THE COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10	MINUS	20		x \$25 \$50	-0-
INDEP. CLAIMS	4	MINUS	4	-0-	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

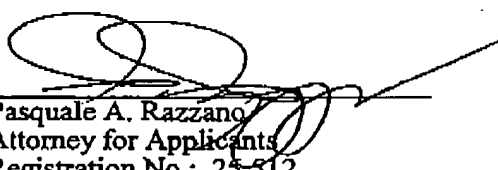
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 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
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JUN 28 2006

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 225 to cover the fee for a two month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Pasquale A. Razzano  
Attorney for Applicants  
Registration No.: 25,512

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Facsimile: (212) 218-2200

Form #120

NY\_MAIN 571216v1

Page 2 of 2

The PTO did not receive the following  
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**JSPTO CHECK REQUEST  
(MISCELLANEOUS FEES)**  
(New York Office)

CLIENT NAME: Iggesund Tools AB

CLIENT/MATTER NO.: 02544.002085.

APPLICATION NO.: 10/518,357

USER ID NO.: 00270

Code	Item	Amount
1136	Assign. Recordal Fee	
1137	Extension	\$225.00
1138	Notice of Appeal	
1140	Cert. of Correction	
1122	Maintenance Fee	
1143	Petition	
1200	Declaration Surcharge	
1201	Information Disclosure Statement	
1202	Terminal Disclaimer	
1203	Request for 3 Month Suspension of Time	
1141	Trademark Sec. 8; 15	
1142	Trademark Renewal	
1144	Other	

DATE OF DISBURSEMENT: 05/23/2006

PRINT DATE: 23-May-2006

CHECK REQUEST ID: 52,334